



Loudoun County Sheriff's Office

803 Sycolin Road, SE • Leesburg, Virginia 20175

703.771.5048 Applicant Section

www.loudoun.gov/sheriff | sheriff@loudoun.gov



PHYSICAL ABILITIES TEST CERTIFICATE

TO BE COMPLETED IN ITS ENTIRETY BY PHYSICIAN

Your patient, _____, wishes to participate in the Physical Abilities Test (PAT) to be considered for employment with the Loudoun County Sheriff's Office. All applicants will be encouraged to give a maximum effort on all exercises included in the PAT.

The PAT includes the following physical exercise tests:

- 1 Minute Sit-up Test
- 1 Minute Push-up Test
- 1.5 Mile Run Test
- 3 Minute Step Test
- Vertical Jump Test
- Manual Dexterity Test (Trigger Pulls with Non-operational Service Weapon)

Please select:

I, the undersigned physician, certify that:

____ It is safe for the patient named above to participate in the PAT

____ It is **not** safe for the patient named above to participate in the PAT

*****NO STAMPED SIGNATURES – PERSONAL SIGNATURES REQUIRED*****

Patient's Name: _____ Date of Birth: _____

Physician's Signature: _____ Date of Examination: _____